

1614

CERTIFICATE OF MAILING BY FIRST CLASS MAIL (37 CFR 1.8)

Applicant(s): **BENEDITO DA SILVA**

Docket No.

TIN-0017

Serial No.

09/868,793

Filing Date

10/01/2001

Examiner

R. COOK

Group Art Unit

1614

Invention: **NEW UTILIZATION OF ALPHA-HIDROXI-PROPIONIC ACID IN MEDICINE**

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I hereby certify that this AMENDMENT

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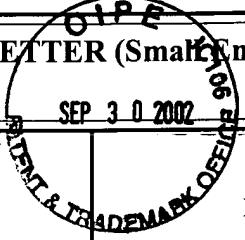
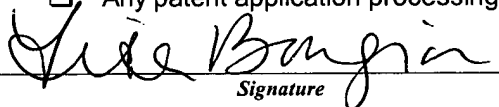
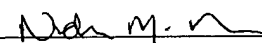
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Nidia M. Deras

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Nidia M. Deras
(Signature of Person Mailing Correspondence)

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AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. TIN-0017	
Applicant(s): BENEDITO DA SILVA					
Serial No. 09/868,793	Filing Date 10/01/2001		Examiner R. COOK	Group Art Unit 1614	
Invention: NEW UTILIZATION OF ALPHA-HIDROXI-PROPIONIC ACID IN MEDICINE					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	16 -	20 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$42.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130 A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature				Dated: SEPTEMBER 23, 2002	
Lisa A. Bongiovi Registration No. 48,933 CANTOR COLBURN LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone (860) 286-2929 Facsimile (860) 286-0115 Customer No. 23413				I certify that this document and fee is being deposited on 9/23/2002 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.  _____ Signature of Person Mailing Correspondence NIDIA M. DERAS _____ Typed or Printed Name of Person Mailing Correspondence	
cc:					